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BPV Case ID Affix BPV Case ID Barcode Label Tissue Bank ID:		Form Completed By: Date Form Was Completed:/(MM/DD/YYYY)		
Kidney Slide Pathology Review				
1. Slide ID examined by pathologist:				
2. Parent specimen ID of the sample from which this slide was derived:				
3. Organ of origin:	Select One: O Kidney O Other (specify) Specify other organ of orig	gin:	If Other was selected, specify other organ of origin:	



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BPV Case ID:		Tissue Bank ID:		
Form Completed By:		Date Completed: / /		
Torm completed by:	MI		M/DD/YYYY	
4. Histologic type:	Select One: O Carcinoma associated with neuroblastoma O Carcinoma of the collecting ducts of Bellini (WHO code: 8319/3) O Chromophobe renal cell carcinoma (WHO code: 8317/3) O Clear cell renal carcinoma (WHO code: 8310/3) O Mucinous tubular and spindle cell carcinoma O Multilocular clear cell renal carcinoma (WHO code: 8310/3) O Papillary renal cell carcinoma (WHO code: 8260/3) O Renal cell carcinoma, unclassified (WHO code: 8312/3) O Renal medullary carcinoma (WHO code: 8319/3) O Translocation carcinoma (Xp11 or others) O Tubulocystic renal cell carcinoma O Other (specify) Specify other histologic type:		If Other was selected, record other histologic type:	
5. Presence of sarcomatoid features:	Select one: O Not identified O Present Describe sarcomatoi	d features:	If present, describe sarcomatoid features:	

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6. Greatest tumor dimension on slide:	(mm)	
7. Percent of cross-sectional surface area of entire slide composed of tumor focus (includes necrotic tumor):	%	
8. Percent of tumor nuclei by cell count of the entire slide (number of tumor epithelial cell nuclei as compared to all cell nuclei):	%	
9. Percent of cross-sectional surface area of entire slide composed of necrotic tissue:	%	

Note: BPV case acceptance criteria require necrosis percentage of <20% of the entire slide AND tumor content of ≥50% tumor nuclei.



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Histologic Profile Quant	itative Assessment of Tumor Should Total 100%.		
10. Histologic profile quantitative assessment:	Percent viable tumor by surface area (not including stroma)	%	
assessment.	Percent necrotic tumor by surface area:		
	Percent tumor stroma by surface area:		
	Percent non-cellular component by surface area (i.e., mucin, hemorrhage, blood clot, etc.):		
	If present, describe non-cellular component:		
	Histologic profile total % (should equal 100%):		
11. Histologic grade (Fuhrman nuclear grading system):	Select one: O G1: Nuclei round, uniform, approximately 10μm; nucleoli inconspicuous or absent O G2: Nuclei slightly irregular, approximately 15μm; nucleoli evident O G3: Nuclei very irregular, approximately 20μm; nucleoli large and prominent O G4: Nuclei bizarre and multilobulated, 20μm or greater; nucleoli prominent, chromatin clumped O GX: Cannot be assessed		



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Tumor Staging per AJCC 7th Edition		
12. pT: Pathologic spread primary	Select one:	
tumor (AJCC 7th edition):	О рТХ	
	O pT0	
	O pT1	
	O pT1a	
	O pT1b	
	O pT2	
	O pT2a	
	O pT2b	
	O pT3	
	O pT3a	
	O pT3b	
	O pT3c	
	O pT4	
13. pN: Pathologic spread lymph	Select one:	
nodes (AJCC 7th edition):	O pNX	
	O pNO	
	O pN1	
44.44.8:44.44.44.44.44.44.44.44.44.44.44.44.44.	Calculation	
14. M: Distant metastases (AJCC	Select one:	
7th edition):	O cM0	
	0 cM1	
	O pM1	
		1
15. Pathologic tumor stage group	Select one:	
(AJCC 7th edition):	O Stage I	
	O Stage II	
	O Stage III	
	O Stage IV	



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16. Did pathology review of the				
hematoxylin and eosin slide	Select one:			
derived from quality control	O Yes			
formalin-fixed paraffin-embedded	O No			
tumor tissue confirm the				
histological type to be eligible for				
BPV study?				
17. This slide meets the microscopic analysis criteria of the BPV project of necrosis percentage of <20% AND tumor content of ≥50% tumor nuclei:	Select one: O Yes O No If No is selected, sp criteria of the BPV	•	o not med	et the microscopic analysis
18. Pathology review comments:				



review form was performed by:

Biospecimen Pre-Analytical Variables (BPV) Kidney Local Pathology Review Form

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Concordance With Diagnostic Pathology Report			
19. This slide is consistent with the findings of the diagnostic pathology report for this case:	Select One: O Yes O No If No is selected, spe pathology report:	ecify what findings are not consistent with the diagnostic	
20. Name of local biospecimen source site reviewing pathologist:			
21. Date of slide review by the pathologist:			
22. Data entry in local pathology			